

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			5/11/01
FORMALITY REVIEW	AK	931	CB/01/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	05/11/01
Original	05/11/01
1	✓ ✓ ✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0 0
13	✓
14	✓
15	✓
16	✓ ✓
17	✓
18	✓
19	✓
20	✓
21	✓ ✓
22	0 0
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓
29	✓
30	✓
31	✓ ✓ ✓ 0 0
32	✓
33	✓
34	✓ ✓ ✓
35	✓ ✓ ✓
36	0 0
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓ 0 0
43	=
44	✓
45	0
46	=
47	✓
48	✓
49	✓
50	=

Claim	Date
Final	05/11/01
Original	05/11/01
51	=
52	=
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

JCP/931  
09/17/01